|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **住宅用火災警報器設置届出書**  平成　　年　　月　　日  本部町今帰仁村消防組合  消　　　防　　　長　　　殿  届出者  住　所  電　話  氏　名㊞   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 建築主 | 住所 | |  | | | | | | | | | | 氏名 | |  | | | | | | | | | | 住宅等の  概要 | 所在地 | |  | | | | | | | | | | 構造･規模 | | 造  地上　　　階  地下　　　階 | | 居室等の仕様別数 | | | | | | | | 部屋の数 | | 台所 | | リビング | | 屋内階段 | |  | |  | |  | |  | | 建築面積　　　　　　　　　㎡　　　　　延面積　　　　　　　　　㎡ | | | | | | | | | | 建築種別 | | □新築 　□増改築 　□既存 | | | 住宅等の種類 | | | | □一戸建て　　　□長屋 | | | 設置場所 | 設置個数 | | 感知方式 | 電源供給方式 | | | | 製造社名(型式番号又は確認番号) | | | | | 居室 |  | | □煙式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □熱式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □その他(　) | □AC電源方式 □電池方式 | | | |  | | | | | 台所 |  | | □煙式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □熱式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □その他(　) | □AC電源方式 □電池方式 | | | |  | | | | | 階段 |  | | □煙式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □熱式(　　) | □AC電源方式 □電池方式 | | | |  | | | | |  | | □その他(　) | □AC電源方式 □電池方式 | | | |  | | | | | 設置工事者 | | 住所 | 電話　(　　　　　) | | | | | | | | | | 氏名 |  | | | | | | | | | | 設置完了年月日 | | |  | | | | | | | | | | その他 | | |  | | | | | | | | | | ※　受　付　欄 | | | | ※　経　過　欄 | | | | | | | | |  | | | |  | | | | | | | |   備　考　１　届出者及び建築主が、法人の場合、その名称、代表者氏名及び主たる事務所の所在地を  　　　　　　記入すること。  　　　　２　□には、該当するものにレ印を付すること。  　　　　３　住宅の案内図及び住宅用火災警報器の仕様書等性能を確認できる書面を添付すること。  　　　　４　※欄には、記入しないこと。 |